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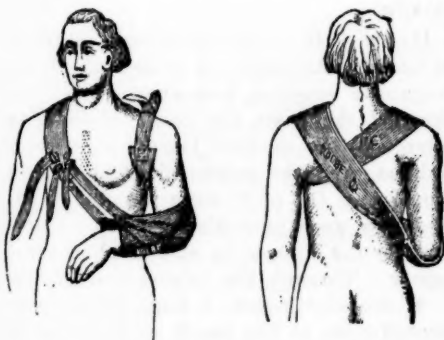
ORIGINAL DEPARTMENT.

Communications.

APPARATUS FOR THE TREATMENT OF
FRACTURE OF THE CLAVICLE.

By J. M. BOISNOT, M. D.,
Of Philadelphia.

In adding one more to the already large number of apparatuses for the treatment of fractures of the clavicle, the desire has been, *to simplify, render the patient comfortable, and endeavor to meet the requirements for producing favorable results.*



The conical shape of the forearm, with the apex at its most dependent part, makes it admirably adapted for an attachment, from which traction can be made in an upward and backward direction: a leather socket fitting and laced around the forearm, is the simplest application which can be made for this purpose, and made of corresponding shape, is at the same time a support; the long band of webbing attached to this leather socket or case, upon its front part, and near the elbow, and carried upward to, and over the injured

shoulder, at the point of fracture becomes a support, while it prevents displacement of the fractured ends after coaptation; the buckle at its commencement has a swivel attachment, so that the forearm may be carried across the breast in any direction called for by the peculiarity of position of the fracture. A strip of adhesive plaster, and graduated compresses are to be used over the seat of fracture; the latter near to, or distant from the neck, as may best tend toward keeping the band in its correct position.

From the injured shoulder, this band is continued across the back to the axilla of the opposite side; a turn around this shoulder, and again across the back to the elbow, from whence it started, fastening by a second buckle, completes the apparatus, if we except that course of the loose end, which by being brought forward and underneath the forearm to the loop around the sound shoulder, and then fastening, forms a sling, and at the same time keeps the apparatus and parts contained comfortably firm.

The simplicity of this apparatus is evident, when compared with the plan of DESSAULT or its modification by FOX; its requirements for impromptu preparation, (consisting of a coat sleeve and a strip of muslin, which a needle and thread could shape to the forearm, and fasten to each other), I imagine would be readily applied by any one undertaking the treatment of a case of fractured clavicle. This apparatus has a further usefulness in its application to cases after resection of the shoulder, and reduction of its dislocations.

The small amount of dressing constituting the apparatus, and the manner in which it supports and retains the parts in the position natural to them when uninjured, contribute alike to the comfort of the patient and the attainment of favorable results.

AN EPIDEMIC OF SMALL-POX.

REPORT OF SURGEON JAMES SUDDARDS TO P. J. HORWITZ, M. D., CHIEF OF BUREAU OF MEDICINE AND SURGERY UNITED STATES NAVY.

In the latter part of February, a case of small-pox occurred on board of the U. S. steamer Iroquois, then lying off Hiogo. The patient was removed to a house on the beach at Kobé, and died in a few days. It was understood that the contagion had been traced to a house at Osaca, where some of the Iroquois's men had spent a night. As the disease showed signs of spreading, the vessel was despatched to Yokohama, where it was believed hospital facilities would be found. A few days afterward, this ship proceeded to Osaca with the United States Minister on board. On the fifth of March, Francis H. Raymond, second class apprentice, was seized with what was supposed to be an attack of colic or cholera communis, a complaint to which he was very subject, and from which he had narrowly escaped death at Hong Kong in December. No special symptoms of other disease appeared until the morning of the 7th, when, as I was about shoving off from the ship to go to Osaca, the assistant surgeon informed me that a "measly" eruption had appeared. I directed the patient to be taken on deck immediately, and to be isolated as much as possible from the remainder of the ship's company. Upon my arrival at the United States legation at Osaca, about 12 o'clock, I was called to see George Frank, private marine, on duty as part of the guard at the legation. He had been sick since the previous afternoon. I found him suffering with constant emesis, fever, headache, and intense pain in the back and loins. I instantly sought Commander CREIGHTON, and imparted to him my suspicions that these were both cases of small-pox. By his directions, Frank was carried to a boat and transferred to the ship, a distance of eight miles; fortunately, as, on the same afternoon, the massacre of French sailors at Sakai took place, and we all embarked in haste the next morning, at which time it might have been impossible to move the patient.

Both the above-mentioned died in three days from the first seizure, without the ap-

pearance of a diagnostic variolous eruption. They were buried from the ship, Frank within an hour after his death; it being deemed unsafe to retain the bodies on board. Their hammocks, bedding, clothes, and everything that had been in contact with them was sunk to the bottom of the bay.

As to the source of contagion in these two cases, I am satisfied, after the fullest inquiry, that it lay in the patient landed from the Iroquois. The hut in which he died was situated on the beach, about 600 yards from the custom-house, where the U. S. Minister resided. At this house was stationed a marine guard, of which Frank was one. The crew of the gig, to which Raymond belonged, were frequently on shore, landing at the custom-house. Both must have received the contagion about the same time; there was no other, to which they were exposed, so far as known, and the period of incubation corresponds precisely with the supposed date of exposure. It may be added that both were exceedingly delicate and frail; Raymond being a weak, puny boy, and Frank with a constitution shattered by long imprisonment at Andersonville.

On the 11th of March the ship returned to Hiogo. Although, as stated above, no diagnostic eruption had shown itself in either of the cases, the cause of death is entered on the medical journal as variola maligna, and the commanders of foreign men-of-war in port were so informed. Measures were immediately taken to prepare for the disease, in case it should reappear. Through the intervention of the U. S. consular agent, a large house was secured close to the beach at Kobé, windows were cut, bedsteads made, and everything done that was practicable to fit it for hospital purposes.

On the 19th, six cases presented themselves; on the 20th three; on the 21st three; on the 25th two; and on the 27th one. With one exception, all these had slept on the berth-deck in the neighborhood of where Raymond lay before he was removed to the deck. They were all sent to the hospital, as the diagnosis was made out, a Japanese boat being employed for that purpose. On the 22d, Assistant Surgeon EDWARD FROTHINGHAM, and five

nurses, protected by previous attacks of small-pox, were detailed by Commander CREIGHTON to remain on shore, and have charge of the hospital. From that date, no communication of any kind was permitted between the ship and hospital, excepting through the hospital boat.

The whole number of cases, seventeen, that thus appeared between the 5th and 27th of March, may be divided into the following classes:

Variola maligna,	4
“ confluens,	2
“ discreta,	2
Varioloides,	9

Besides these, there were four others, classified in the report as febris continua communis, which, from their period of accession, peculiar symptoms, and decline with rapid convalescence after the third day, might not improperly be regarded as

Variola sine eruptione,	4
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The malignant and confluent cases all died: two on the 3d day; two on the 4th; one on the 11th, and one on the 13th. The others are convalescent, and will return on board as soon as it is deemed safe for them to do so.

The ship has been fumigated twice throughout with sulphurous acid. A quantity of chloride of lime and sulphuric acid was ordered from Yokohama, but was washed overboard from the vessel in which it had been shipped. A new supply is expected by the mail-steamer Costa Rica from Shanghai. Should it arrive safely, I purpose fumigating the vessel again thoroughly with chlorine gas, as well as the hospital, before it is turned over to its Japanese owners.

After syphilitic and cutaneous affections, small-pox may be considered the most common disease of Japan, having its headquarters at Osaka and Hiogo. I may say, without exaggeration, that one half the adult population of these two cities show marks of having had the disease. It becomes epidemic every winter and spring; being most prevalent at this place in April. Isolation of those attacked is not attempted, a mark, as a red rag, only being affixed to some part of the person.

Vaccination is practised by the Japanese physicians, but under what circumstances, and with what results, I have been unable

to learn, but am informed that it is never repeated after the first trial.

Foreign vessels of course are more or less exposed, and experience teaches that occasional outbreaks must be expected. The U. S. ship Jamestown was almost crippled some years ago. Within a short time H. B. M. ship Princess Royal had 150 cases, and was compelled to go to Hong Kong to get rid of the pest. The steam sloop Serpent, Commander BULLOCK, was infested with it for four months last year, having 24 cases out of a crew of less than one hundred men. The Iroquois and Oneida this year are similar examples. It is important therefore that means may be at hand as soon as the epidemic appears to limit its ravages.

Much complaint was heard amongst the foreign residents here at the establishment of a small-pox hospital in their locality; a complaint almost resulting in a formal protest from the foreign consuls. As the population increases, these complaints, on a like occasion, would be more urgent. Some steps were taken, in connection with the local authorities, to provide buildings in a suitable place, remote from the European settlement, to be set apart for hospital purposes. It is to be feared, however, that with the subsidence of danger, may come a relaxation of effort. I would therefore suggest, whether it might not be advisable that the naval authorities should be authorized to make arrangements with the Japanese Government for the erection of suitable buildings at this place, and such others as may be deemed necessary, to be set apart for hospitals, where patients might be at once landed, and the spread of an epidemic on board ship perhaps thereby prevented.

I cannot close this report without bearing testimony to the cheerfulness and untiring zeal with which Assistant Surgeon EDWARD FROTHINGHAM performed his duties, while in charge of the small-pox hospital. During the whole course of the epidemic, his attention to the sick was unwearied, and I cannot too highly express my sense of his services on this occasion.

JAMES SUDDARDS,
Surgeon U. S. Navy.

U. S. S. Oneida, off Hiogo, Japan,
April 20, 1868.

INSTRUMENTAL DIAGNOSIS.

By PHILIP S. WALES, M. D.,

Surgeon, U. S. Navy.

(Continued from page 546.)

II. OPHTHALMOSCOPIC CHARACTERS OF THE DISEASES OF THE RETINA.

1. Hyperæmia of the Retina.

This morbid process in the retina is met with under various circumstances, and is recognized with the ophthalmoscope in its different stages from a slight injection of the retinal capillaries, to that condition of vascular fulness that converts the fundus of the eye into one entire area of bright redness; that obliterates the distinctions of outlines of the papilla, and gives the whole view an aspect of uniformity, only broken by patches of extravasated blood, both superficial and deep, into the substance of the retina, or by spots which indicate that this membrane has undergone more or less changes, its elemental constituents being replaced by fatty particles.

As to conditions under which hyperæmia is developed, may be cited local causes of irritation, such as great fatigue inflicted upon the eye in the pursuit of those callings, which require long-continued exertion of the eye in viewing small objects, such as engraving, watch-making, the coloring of small pictures, etc. I have recently had a case, of a young lady artist, affected with hyperæmia, resulting from the latter cause. The disease was apparently eradicated by treatment, but so persistently recurred after she resumed her profession, that she was ultimately compelled to abandon its pursuit. Constant exposure of the eyes to strong and glaring fires or lights, will be productive of more or less hyperæmia, as will also, blows and injuries of the head inducing more or less cerebral disturbance. A bad habit of body, or ill health engendered by overwork, insufficient food, and other causes acting in a similar manner in lowering the constitutional forces will also act as predisposing causes, if they do not actually produce the disease directly.

We should have remarked, in connection with the first named cause, fatiguing the eyes upon small objects, that it has been attempted to account for the hyperæmia in the strain of accommodation that is

necessarily connected with such efforts of the eye, the ciliary muscles contracting vigorously, in order to secure that degree of convexity of the lens for near vision.

The causes acting indirectly upon the eye, originating hyperæmia are such as imply some change in organs within the cranium, such as general congestion, inflammation, or tumors of the brain or of its membranes or vessels, inducing pressure upon the ophthalmic veins emerging from the sphenoidal fissure, which discharge the blood returning from the retina and choroïd.

According as one or other class of these causes is in operation, the hyperæmia will present different ophthalmoscopic characters. In direct irritation, the retinal net-work of capillaries will be engorged and give to the fundus of the eye a uniform red color, which will vary in shade as the vascular action is greater or less, being more red with intense arterial injection, and less under reverse circumstances, indeed shading so imperceptibly into the natural color of the fundus, that it will be difficult in some instances to draw the dividing line between what is, and what is not normal color. Hence it will be advisable, in such cases as a standard of comparison to examine the healthy eye if there is one, as well as the one that is hyperæmic.

The redness may exist in distinct patches in the neighborhood of the optic papilla, or be more generally diffused. The patches are uniform in color, obscuring everything beneath them, and at their margins shade off into the lighter red of the surrounding parts, so that here the interstices of the vessels are clearly perceptible. In the more intense cases of capillary injection, besides the hyperæmic patches above described, others of a different nature will present themselves, resulting from the rupture of the vessels and the pouring out of blood into the retinal tissue; they are to be distinguished from the former by their deeper color, and more defined margins.

In such cases also, the great redness of the fundus may extend upon the entrance of the optic nerve, and render it obscure, or even entirely hide it from view, so that we can only identify its position by the large trunks that emerge from its centre, and which yet remain cognizable. If the reti-

nal congestion presents more of the venous character, the phenomenon of pulsation will often be observed.

Retinal hyperæmia taking its origin in disease of the brain is of a more chronic character than that we have just considered. It begins, as would be naturally inferred, in alteration of the veins, while the arteries are as yet unchanged. The alteration consists in these vessels becoming enlarged and tortuous in their course, and seemingly their several parts appear to lie in different places, a result due to the altered relation of their curves to the retinal surface. DESMARRES says that the veins often present in their course little dilatations, which are no longer traversed by the light projected by the ophthalmoscope however intense it may be. The veins are besides, increased in size, of a deeper color than the arteries, which will be perceived to remain unchanged. As the case progresses, the vessels are less clearly seen than before, in consequence of the hovering of a grayish film about the neighborhood of the optic disk, and which generally extends in the direction of the retinal vessels, but diminishes in depth of color externally. The walls of the veins which have at this time become thinner, and permitted the escape of the serous effusion, causing the clouded appearance above spoken of, are also ruptured at one or more points, and give issue to bloody extravasations into the substance of the retina. These textural changes in the retina and veins are now associated with others in the choroid, the vessels of which become enlarged and serpentine; at the same time the choroidal pigment disappears in patches while this membrane increases in thickness from interstitial deposits.

The arteries of the fundus are now smaller than natural; the papilla becomes the seat of effusions, and projects irregularly anteriorly; the retina becomes more opaque, and spotted with yellowish colored patches of fatty degeneration mixed with the brownish spots, caused by alteration in the effused blood.

Pari possu with these changes in the constituent tissues of the eye, the morbid condition of the brain upon which they depend, progresses and manifests itself in various forms of abnormal nervous action.

2. Inflammation of the Retina.

The subject of hyperæmia naturally leads us to the consideration of that of retinal inflammation, inasmuch as the former is always the preliminary stage of the latter, so that what we have already said of the ophthalmoscopic characters of hyperæmia will also apply appropriately to retinitis in its incipency.

Retinitis varies in degree and character, presenting thus many forms which it is important to recognize, in order to understand its full pathological importance, both as regards its occurrence as a primitive and idiopathic affection, confined to the retina as well as its frequent connection as a secondary complication with disease of the adjacent ocular membranes, and also with several constitutional affections, as albuminuria and diabetes.

Up to the period of the invention of the ophthalmoscope, diseases of the interior of the eye and especially those of the retina were grouped together in the most inextricable confusion and complexity; groups of symptoms were connected, hap-hazard with a certain supposed pathological changes, and deemed characteristic of them, but now thanks to the laborious researches of CUMMING and BRUCKE and the practical genius of HELMHOLTZ, we have been put in possession of an instrument which has dispelled this chaotic confusion, as it were with the magic of the enchanter's wand, so that the parts of the interior of the eye are brought under direct visual examination, and any morbid changes occurring in them, may be detected with unerring certainty, and connected with their appropriate physiological expression.

With this certainty of diagnosis placed within our reach, ophthalmoscopists have been enabled to detect various forms of retinal inflammation. As to its degree, it may be either acute or chronic; as to its origin, it may be primitive or consecutive, that is, may develop itself in the retina, or be communicated to it secondarily by disease of the adjacent membranes, particularly the choroid, or lastly originate in some constitutional disease.

From the character of the retina as an expansion of the optic nerve, being thus brought in close sympathy with the brain, the parts supplied by the pneumogastric

and trifacial nerves, and to some extent with those supplied by the great ganglionic nerve, and from its lining the interior of the globe, closely connected with and in sympathetic and vascular relation, more or less, with all the textures of the eye, it rather excites wonder that it is not more frequently affected with disease than it really is.

1. Acute retinitis, although described in some of the older books as sufficiently common, we now know to be a rare disease, and as an independent affection extremely so. The cases of acute retinitis, as they present themselves in connection with a similar pathological condition of the choroid, are characterized by severe pulsative pain in the depths of the orbit, irradiating to the head. The patient experiences a sensation as if the globe were about bursting, and endeavors to rid himself of the impressions of light and fiery spectra by closing his eyes and covering them with his hands, or buries his head in his pillows. If the disease progresses unchecked, the inflammation spreads to all the tissues of the eye, which finally culminate in suppuration and the destruction of the organ.

This form of disease is always of serious import, and if it possess the severity above stated, is most always fatal to the function of vision. In milder cases, the inflammation having been checked by appropriate antiphlogistic measures, the surgeon may hope to preserve some degree of useful vision.

The causes of this form of retinitis are traumatic injuries of the eye, prolonged exposure of it to intense degrees of light, such as is experienced by persons working in iron foundries, performing the duties of firemen, or looking continuously at the brilliant sun in a cloudless sky. It may also be secondary to inflammation of the adjacent textures of the eye, or of the brain and its membranes.

From the foregoing details of the symptoms of acute retinitis, it can be readily expected that here the ophthalmoscope fails us. Besides, little could be learned beyond what we have already stated in connection with retinal hyperæmia.

2. Chronic retinitis is not only more common, but, fortunately, can be easily studied with the assistance of the ophthal-

moscope. It is perhaps always associated with changes in other of the ocular membranes, particularly the choroid, and in the refracting media. It takes its origin in the same causes that we have already enumerated as underlying simple hyperæmia.

The disease is inaugurated generally with pain in the eye, extending to the head, photophobia, and impairment of vision, that objects become indistinct, particularly those that are small and remote. There is commonly a foggy veil ever hanging before the eyes, and various forms of spectra are observed, being often developed when the head is even slightly concussed, as happens in sneezing, coughing, and shocking of the body in making a false step. They are sometimes seen also when the patient passes from a bright, well-lighted room, or from out-doors into a dark chamber.

In chronic retinitis, as in retinal hyperæmia, the eye usually maintains an apparently healthy exterior for some time, until by the extension of disease, the retina, choroid, and vitreous humor become in some degree disorganized by the effusion of inflammatory exudation, when the sclerotic yields from the interior pressure, and presents in various places a bluish appearance, and an evident vascular injection around the cornea. Vessels are also developed in the conjunctiva and the tissue beneath. While these changes are going on, the iris loses its normal form, color, and mobility, and is pressed anteriorly against the cornea, obliterating the anterior chamber.

In the earlier stage of retinitis we are enabled to recognize with the ophthalmoscope, that the fundus of the eye is dimmed, and cannot be illuminated to the same degree with a brilliant light that it can in health, particularly towards its centre. Its natural rosy tint has vanished, and given way to a deeper color, approaching a yellowish-brown. This color is sometimes restricted in patches scattered over a reddish-brown field.

The papilla is more or less obscured by the development of the capillaries upon its surface, which can often be made out, forming a close network of radiating vessels. This increased vascularity may involve a part of its circum-

ference, as a sector or quadrant, or a larger portion, and sometimes the whole disc disappears, its position being alone indicated by the direction of the retinal vessels. The centre of the papilla retains the natural color the longest, but in the course of the disease becomes like its periphery, yellow, red, and finally a dull gray.

The retinal vessels also suffer change: the veins becoming enlarged, and in the earlier periods of the disease, can be easily distinguished, but later, they, as well as the arteries, become very indistinct, and can only be identified here and there in their course.

The observer must bear in mind, while examining chronic retinitis, that its ophthalmoscopic characters will be more or less veiled and mingled with those of its often associated disease, choroiditis, such as destruction of the pigment, variously-colored spots, ecchymosis, and other changes which we shall specifically dwell upon when that subject comes under consideration.

[To be continued.]

Hospital Reports.

PENNSYLVANIA HOSPITAL, }
April, 1868. }

SURGICAL CLINIC OF DR. D. HAYES AGNEW.

Reported by Dr. Napheys.

Stone in the Bladder.

Case 1st. This patient, aged 35 years, a native of Philadelphia, has been suffering for four years from great vesical distress. The symptoms which he complains of at present, are frequent desire to urinate, compelling him to empty the bladder often through the day, and to rise many times in the course of the night; smarting, referred to the urinary meatus; elongation and thickening of the prepuce, the result of constant traction. The urine is alkaline in its reaction, and loaded with mucus. No albumen or renal casts have been discovered in the examination to which it has been subjected. Occasionally, he states, his stream has suddenly stopped, only starting after changing his position, or by having a catheter passed into the bladder. At these periods he sometimes suffers from rigors, nausea, dry skin, and arterial excitement. These symptoms point to the presence of a urinary calculus, and in order to verify this supposition, a sound—such an instru-

ment as I show you at present—was passed into the bladder, when the existence of a stone was readily detected.

One word about sounds and sounding. These instruments should have different curves in order to adapt them to different portions of the bladder. You may fail to touch a calculus with one, and yet succeed with another. The bladder should be examined sometimes empty, and sometimes distended, with urine, or tepid water thrown in as a substitute. The patient should be examined in different positions, horizontal and erect, provided any difficulty is experienced in detecting the calculus. You should be patient. If you have the phenomena which indicate the existence of stone, do not give over searching too soon. Should one attempt fail to discover it, try again, and again.

But, to resume our subject, this man's general health has been seriously impaired from constitutional syphilis. He is pale and feeble, his digestion weak, and has suffered much from nocturnal pains. An extensive necrosis exists of the left tibia. For two weeks we have been endeavoring to improve his condition by such agents as tend to allay the irritation of the bladder, improve the state of his blood, and add to his general strength. The remedies administered for this object have been a decoction of *uvæ ursi* leaves with the bi-carbonate of soda; at bedtime, a suppository consisting of a $\frac{1}{4}$ -grain of morphia with two grains of the extract of *hyoscyamus*. These, with bark and iron, and a good diet, make up his regimen. His progress has been so satisfactory, that we feel justified in bringing him before you to-day, in order to make some disposition of his stone. What shall that be? To cut or to crush are the alternatives. The relative value of these two operations is not positively adjusted. In the present case I believe the latter to be the one indicated, and I am led to this determination from the condition of his health, the tolerance of both urethra and bladder to the presence of instruments used for the dilatation of the canal, and the composition of the calculus, which is believed to be quite soft, consisting largely of uric acid. Preparatory to the operation, we inject some thin flaxseed tea into the bladder, so as to distend its walls and keep them out of the jaws of the instrument. Introducing now the lithontripteur of HEURTELoup, it is carefully moved about until the stone is felt. The blades are now separated, and making a few gentle manipulations—easier done than told—the stone is caught. We may now estimate its dimensions by the scale on the instru-

ment. In the present case it indicates a stone one inch and three-quarters, but it is possible this may be its long axis. As the blades are screwed together it crumbles into fragments. After repeating this a second and third time, Dr. AGNEW stated this must suffice for the first sitting. We must not attempt too much. The patient will now be put to bed, and a suppository introduced into the rectum. The fragments, as they pass away, will be collected in some gauze stretched over the chamber, and in this manner preserved.* The time when this operation may be repeated, will depend on the amount of local and general disturbance produced; certainly not, under any circumstances, for one week.

Case 2d. This little patient is two years old, born in Philadelphia, and presents us with a group of symptoms, some of which have been detailed in the previous case. For eight or nine months the mother has noticed incontinence of urine, straining, pulling on the prepuce, and sometimes accompanied with screams. The child has been in the hospital for one week, having been sounded on its entrance, at which time a calculus was detected. At so tender an age, it is quite natural it should be fretful and timid, and we have allowed some time to elapse, in order that it may become reconciled to its new friends and surroundings, as well as undergo some little preliminary treatment, such as a warm hip-bath to allay irritation, and some chalk mixture to correct diarrhoea. This patient is young to have urinary calculus, but is not peculiar in this respect. The disease is confined to no period of life. The foetus in utero and all subsequent ages furnish examples of this affection, and this little child may have been born with this calculus. The treatment in the present will be more summary than in the preceding case. We have here different material to deal with. The bladder will be opened and the stone immediately extracted; in other words, the child will be lithotomized. There are three ways to the bladder—above the pubes, through the rectum, and through the perineum. They have all had their advocates. Surgeons at the present time have settled down with great unanimity to the perineal route. Every step of the operation, from the incision through the skin to the removal of the stone, is important. CELSUS was in the habit of embracing both sides of the perineum in his method, by carrying a semi-lunar cut across in front of the anus. MARIANUS made a

vertical or median division in the line of the raphé; and CHESLSEN a lateral cut, commencing at the raphé in front of the anus, and terminating between the tuber of the ischium and verge of the anus. Mr. FERGUSON has recently advocated a combination of the CELSUS and CHESLSEN plan; the first through the skin and fascia, the latter for the remaining structures. No operation seems to me more complete than the oblique lateral cut; and when executed without hesitation or embarrassment, it constitutes the perfection of surgical art. After the child is etherized, the bladder will again be explored, as we adhere to the old surgical maxim, which may be rendered, "*not feeling now, not cutting now.*" The bladder being moderately distended with tepid mucilage, the sound was introduced, and by the attachment of a sounding-board, the click of the stone was made apparent to the entire class. The staff was now passed and entrusted to a colleague, the Doctor remarking that the instrument should be brought up under the arch of the pubes, its groove turned toward the left ischium, and accurately adjusted by the fingers of the surgeon inserted into the bowel, the intestine having been previously emptied by an enema of tepid water. Two or three strokes of the knife sufficed to lay bare the groove in the staff, into which the point was inserted and carried directly into the bladder. The finger immediately followed the withdrawal of the knife, the staff was removed, and a pair of forceps conducted into the bladder, and the stone seized, which, proving to be very soft, broke in the grasp of the instrument, and was extracted by the scoop. Dr. AGNEW remarked, that in making the incisions, he had divided freely the skin and subcutaneous tissue, but much less the deeper parts. That through the prostate the cut should not be too much extended, only sufficient to admit of the extraction without laceration. After washing out the bladder, the patient will be placed in bed on his left side, with the knees secured together. As to the particular side, I do not think it a matter of much moment. You can scarcely expect to keep this little one in any fixed position long. An opiate should be given, and particular attention paid to removing the wet portions of the sheet which will be placed beneath the pelvis. The diet will consist of milk, and chicken or beef-broth. As the granulations fill up the wound, the urine will gradually take the natural course.*

* This patient was subjected to two other operations, when all the stone was believed to be destroyed.

* In six days the urine commenced flowing through the urethra.

Fistula in Ano.

This patient is 35 years of age; a laboring man; somewhat pale, and with a slight cough. About three months ago, some soreness was experienced between the buttock and anus; the part became swollen and red, and finally broke, since which time it has continued to discharge. There is no disposition to heal; in fact this little aperture, so small as readily to be overlooked, is a sinus or fistula. In introducing a probe, while a finger is placed in the rectum, the sinus is found to reach the side of the bowel. The most careful manipulations fail to find a communication with the intestine. This, I know, is contrary to the opinion of some surgeons, such asserting that an opening always exists. If such be the case, I have only to say, I have been often so unfortunate as not to find it. The tissue on the side of the rectum, in the ischio rectal fossæ, where these abscesses are situated, is remarkable. It consists largely of masses of fat, loosely held together by a little connective tissue, imbedded in which are the hemorrhoidal veins, (vessels without valves,) also the inferior hemorrhoidal arteries and nerves. The rectal side of the spaces is lined by the levator ani fascia, which extends as low as the internal sphincter. Inflammatory products can therefore accumulate and reach a considerable depth. When the preliminary abscess, which antedates the fistula, is low down, below the insertion of the levator ani fascia, it will very likely communicate with the bowel, but if higher, the fascia offers a barrier, as such membranes do wherever found. On the presence or absence of this intestinal opening, is founded the divisions of anal fistulas into *complete* and *incomplete*. The treatment of these consists in conducting a grooved director through the fistulous tract into the bowel, bringing the end of the instrument out of the anus on the end of the finger, and then incising all the included tissue. When no intestinal opening is present, one must be made by boring the director through, at the same time making counter-pressure with a finger in the bowel.

There is a feeling with many in the profession, that found, as they often are, in persons suffering from pulmonary disease, they are therefore salutary, and ought not to be interfered with. Whilst admitting this oft observed connection, I do not for a moment suppose there is anything salutary in their presence, but really the reverse, by the constitutional drain and moral annoyance which they produce. Very often have I performed this operation on tuberculous patients, and never

as I remember, to their detriment. On the contrary, it has been frequently followed by improved health and a gratifying sense of comfort. When a patient is greatly enfeebled, you must be careful. If you have doubts as to the constitutional power of repair, better not meddle, otherwise sloughing may follow. After cutting the fistula, the Doctor remarked, the operation was only half the cure. The wound must be healed by granulation, and therefore it becomes a matter of the first importance to keep the raw surfaces asunder. This may be effected with a mesh of lint, oiled and pressed to the bottom of the wound. I have long been in the habit after dividing the parts, and the bleeding in a good degree over, of carrying a stick of caustic potassa through the wound, and then inserting a pledget of greased lint. This forms a superficial slough, which necessitates a granulating sore, and the insertion of lint after it comes out, need not be repeated. The bowels should be kept confined for four or five days, after which they may be opened, and the patient allowed to go about. It requires several weeks for the cure.

PENNSYLVANIA HOSPITAL, }
March 4th, 1868. }

CLINIC OF J. M. DA COSTA, M.D.

Reported by Dr. Napheys.

Death from Hæmoptysis—Post Mortem.

In this patient during life, there had existed very marked intestinal symptoms, particularly protracted diarrhoea. The case briefly stated is as follows. The man's name was Alfred T., æt. 30. With the exception of acute hydrocephalus in a brother and sister, he stated there was no tubercular affection in his family. His cough began a year ago, with loss of flesh. Diarrhoea came on last April, and has continued since, with from three to five scanty watery stools in the day, generally disturbing him before day-break, and accompanied by sharp pain and soreness in the lower part of the abdomen, which at times was sore to the touch. The case ran the ordinary course of tubercle, the history varying little. The diarrhoea proved very unyielding to treatment. Among the remedies employed, however, the sulphate of copper was by far the most active. It was given in doses of one-eighth grain, combined with one-fourth grain of extract of opium three times a day. Prior to this treatment, the persulphate of iron, the tincture of the chloride of iron, and tannic acid, had been in turn used without much effect. Opium alone had a certain amount of influence over the dia-

charges, but not as much as when it was combined with astringents.

Three days ago, he was seized with a severe attack of coughing, followed by an enormous discharge of bright-red blood, about a pint and a half, from the mouth. The flow stopped, rather, it appeared, on account of inability to cough than from any other reason, and the man rapidly sank. A change of position had no effect in relieving the air-passages. The man died in fifteen minutes from the time of seizure, apparently suffocated.

This, then, is a case of tubercle, terminating fatally by profuse hæmoptysis, in which the symptoms had been rather intestinal than pulmonary. Although there was no doubt at any time of the existence of tubercular disease of the lung, yet in so far as the loss of flesh, and the urgency of the symptoms went, they were attributable rather to the intestinal than pulmonary lesion.

Post-mortem appearances—Lungs. The first thing to be noticed is that in the middle lobe of the right lung there is markedly developed crepitant emphysema, forming a distinct prominence, soft to the touch, which upon being punctured collapses. The emphysema is evidently superficial, and does not extend into the lung structure at all, and is rather a pathological curiosity than a matter of any particular bearing upon the case. It is to be especially observed, however, as was suspected from the symptoms, that the hemorrhage had taken place into the lung-structure itself, a clot of blood still filling a cavity which exists at the right apex. The man has then really bled to death from blood effused into a cavity in the lung. The tubercle, excepting at the apex of the right lung, is not far advanced, there being very little infiltration at the lower portion, which well accords with the character of the case during life, the lung-symptoms being comparatively latent. The left lung contains no tubercle, excepting a few scattered ones. Excepting for this accident, the man would probably have lived a considerable period.

The heart presents nothing abnormal, excepting that the right ventricle was found to be full of the same kind of frothy blood found in the lung. The stomach contained about eight ounces of clotted blood.

The small intestines show rather well-marked tubercular infiltration, but with the exception of a small ulcer in its earliest stage, no distinct ulceration. The large intestine presents very great thickening, and evident loss of substance at various parts. The appearance, however, is

rather what is found in a great many cases of chronic diarrhœa or dysentery, than in true tubercular ulceration. There is tubercle in the small intestine, and, of course, there is no doubt that the diarrhœa was tubercular, but this is not the characteristic appearance of tubercular ulceration. True tubercular ulceration takes place in the centre of a raised mass; the margins preserve their thick outline, and are very frequently red, for a kind of inflammatory action is going on there.

Is a case often met with, in which the lungs are still so comparatively healthy, terminating so rapidly? An instance of this kind is entirely exceptionable. Most cases of pulmonary hemorrhage do not end fatally. However advanced the disease of the lung, the hemorrhage is not apt to be the immediate cause of death. By inducing an anemic state of the system, and depressing the patient, it may hasten the ultimate result, but an abrupt termination in consequence of hemorrhage is rare. A person might lose as much blood as this man, and yet sustain the shock. Death, in his case, was caused by the effusion of blood into the lung-substance proper, the cavity being filled with blood, and doubtless portions of the bronchial tubes on that side. The fact is also to be taken into consideration, and this is a curious observation, that the right side of the heart was found filled with the same frothy blood that was found in the lung. Hemorrhage into the lung produced a back pressure, forcing its way into the pulmonary artery, overcoming the resistance of the valves of that artery, and filling up the right ventricle. Evidently the man had not time to get rid of the blood; it came more rapidly than he could expectorate, and filled up the cavity of the lung. All that can be done in a case of this kind is to stimulate. If a patient is losing blood rapidly, and has not the power to expectorate, the attempt must be made to give him power to expectorate the blood, as otherwise the danger of suffocation is great. There is no time for astringent to act in checking the bleeding.

In a given case of tubercle is the occurrence of diarrhœa always a sure sign of there being tubercle in the intestine? Not always, for there may be diarrhœa when there is merely a great deal of functional disturbance. Although the mere presence of diarrhœa is not a positive proof of there being a tubercular lesion in the bowel, yet its continued presence and unyielding character become strong diagnostic elements. An additional symptom of value is the presence of spots of soreness, more or less persisted in,

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MEDICAL SOCIETIES.

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throughout the course of the diarrhoea. To reverse the proposition, may there not be in exceptional cases, tubercular disease of the bowel with costiveness? Mere deposits of tubercle in the coats of the bowel, without tubercular ulceration, may happen, and yet the bowels remain in a normal, or even in a costive condition. Thus, then, the positive diagnosis of tubercular disease of the bowel is involved in some difficulty—because there are exceptions in both ways, as to the general features of the malady.

In point of treatment, what does experience teach in the management of cases of tubercular diarrhoea? Opium is an invaluable agent here, as it is in all forms of diarrhoea. It allays irritation, it relieves pain, it checks the frequency of the alvine discharges, but it does not cure the disease. The general treatment employed to influence the pulmonary condition, will also check the formation, as far as can be done, of tubercle in the bowel. But the general treatment is materially aided by a moderate, persistent opium impression, and partly also by the use of astringents. There is no remedy more valuable than the one which proved of most benefit in this case, namely, sulphate of copper. Counter irritation, judiciously applied over the spots of soreness, forms a very valuable adjuvant to the treatment.

Medical Societies.

ACADEMY OF MEDICINE, NEW YORK.

Regular Meeting, Feb. 19th, 1868.

On the Repetition of Prescriptions by Druggists without Authority of the Physician.

Dr. GRISCOM read a paper upon sulphite of soda, which was followed by an interesting discussion, at the conclusion of which Dr. O'SULLIVAN introduced the resolution relative to the practice of druggists renewing prescriptions without authority, etc., in which connection he made the following remarks.

The Doctor wished to direct the attention of the members present this evening to an important subject; one which could not fail to interest each and every Fellow of the Academy—he alluded to the practice of druggists renewing the prescriptions of physicians without their written order.

He was aware that the meetings of the Academy were usually occupied in the reading of scientific papers and the incidental discussions thereon; and that it has very little time to de-

vote to matters merely local in their character; but the subject to which he would call the attention of the Academy on this occasion is of such general interest to the profession, that he deemed it well worthy of consideration here. That the practice of renewing prescriptions without the written order of the physician is objectionable, and that it is at times attended with the gravest results, must be apparent to all who will impartially examine the subject.

It is true, physicians are not legally responsible for these mistakes; how far they are morally responsible, the Doctor was not prepared to say. "Our patients look to us for protection, knowing, as they do, that by the proper exercise of our influence we can guard them against the liability to such mistakes, which should be prevented, rather than deplored."

Many of the pharmacutists who have been consulted on this subject, expressed their entire willingness to comply with the instructions of the physicians, adding, that they were surprised that the profession did not move in this matter at an earlier date, thereby relieving them of much annoyance and responsibility, and placing it more directly in the hands of the profession.

The druggists, so far as heard from, have agreed to comply with the requirements of the resolutions.

The Doctor would not now detain the Academy by discussing the legal rights of practitioners in the premises, his object being to solicit the approval by the Academy, of the resolution he was about to present. He would mention that other medical societies in this city had already taken action in the matter.

Dr. BULKLEY said, that with due respect to the author of the resolutions, owing to their importance and the lateness of the hour at which they were introduced, he would wish to postpone the consideration of the subject to a future period, in order that the Fellows of the Academy should understand thoroughly the nature and object of the movement in all its bearings. He would therefore move that the aforesaid resolutions be made the special subject for discussion at the next meeting of the Academy, which was unanimously agreed to.

The subject, however, was not brought up until the meeting held March 4, 1868.

Dr. TAYLOR at this meeting, read an interesting paper upon the "Pathology of Lateral Curvature of the Spine." At the conclusion, the Doctor was requested by the Academy to prepare a paper upon the treatment, for the next meeting.

The consideration of the subject of the re-

renewal of prescriptions was still further postponed.

At the April meeting, Dr. ANDERSON in a few appropriate remarks, requested that the subject of the renewal of prescriptions, already before the Academy, be now taken up for its final disposal.

The President then called on Dr. O'SULLIVAN to state his views on the subject to the Academy, which he did as follows.

The Doctor said he would avail himself of the opportunity offered by the re-opening of the discussion to make a few remarks; which the lateness of the hour at which the subject was introduced at a previous meeting prevented his doing at that time. At that meeting, it was his intention to explain the motives which actuated him in introducing the resolutions to the Academy, the object and scope of which, were he to judge from the remarks made, would seem to have been very imperfectly understood. For example, one of the speakers on that occasion stated among the cogent reasons he assigned for his opposition to the resolutions, was that when a patient called to see him, whom he may not have seen for months, and he felt indisposed to question him, he would ask, "Did the medicine benefit you? If so, take the box or bottle back, as the case may be, and get the medicine renewed;" even though he had forgotten what the ingredients were that he had prescribed, and regardless of the indications then existing which might require a change of remedies. Now, continued the Doctor, it appears that this is a crude and inaccurate way of considering the subject, which was altogether foreign to the understanding and motives of the mover of these resolutions.

He was aware that it would sometimes happen with the physician to order a renewal without inquiring particularly into the exact composition of the prescription, and it may, to a certain extent be justifiable when the prescription is a simple one, containing no active ingredients. But it seemed to him to be rather hazardous to make this a custom or rule, from which mistakes of a serious character are liable to ensue, and endangering the lives of patients, besides, perhaps, jeopardizing the professional character of the physician.

"The resolutions referred to are amongst the most important local subjects which have engaged the attention of the Academy. I have said local; I should, perhaps say general, as this subject is now being considered in several of the medical societies throughout the States. As for the action of the societies in the city of New York,

I may say they have been passed unanimously, and are now being actively enforced by the Medical Society of the County of New York, and by the East River Medical Association, and are now finally here before this body for approval."

The necessity of this action must be obvious to all who properly consider the subject. There is not a class of our population, from the highest to the lowest, who are not interested in it, and it is surprising the apparent apathy which has been shown heretofore in reference to it, as is evident from the fact that no action has been taken by the profession in regard to it. The Doctor would appeal to any member of the Academy who had, say ten years' experience in the practice of his profession in the city, if he has not noticed serious mistakes occurring occasionally, attributable to the present practice of druggists repeating prescriptions without authority. He was certain there was not a member of the Academy who could not relate one or more instances of the occurrences above mentioned.

The Doctor would but mention one instance, which occurred in his own practice, and which was, he considered, a good case in point, as illustrating the danger patients are exposed to by merely depending on the number on the box for the renewal of the prescription. He attended a young lady about seventeen years of age, tall and anæmic, with well marked scrofulous diathesis. When first called to attend her, he found her suffering under an attack of bronchial hemorrhage. The weather was extremely warm, being in the month of August. He had, as may readily be imagined, considerable difficulty in rallying her from the debility which ensued. Following this, a short time afterward she was attacked with pneumonia, from which she recovered; not, however, without the closest watching, and the most heroic sustaining treatment. After discontinuing the daily visits, and during convalescence, the Doctor prescribed a tonic composed of quinine, subnitrate of bismuth, and a small quantity of ipecac., in a pilular form. She did well on this. The appetite increased, the tone of the stomach was excellent; in a word, in all respects her case was promising well.

Some days had passed since the Doctor had seen the patient, when about mid-day her sister, in a very excited manner, came to his office, saying that her sister was taken suddenly ill; she believed she was dying, and requested the Doctor to see her with all possible dispatch, which was accordingly done. On reaching the house he found the patient extremely weak, in fact, in a moribund condition. She had a death-like pallor

of countenance, the extremities were cold, skin clammy, and voice so feeble as to be scarcely distinct.

The Doctor inquired of the mother of the patient when the change took place; she answered that shortly after taking the last pill she complained of pain and uneasiness of the bowels, and that the discharges were so copious and frequent she feared she would succumb before assistance could reach her, but that the discharges were somewhat diminished in frequency. He questioned her particularly as to the time this attack took place after the medicine. She was positive in her statement that a very little time elapsed. The statement was fully corroborated by other members of the family. There could be no doubt, therefore, of its correctness, especially as they were very intelligent persons.

After attending to the most urgent symptoms, and succeeding somewhat in inducing slight reaction, the Doctor called for the pill-box and hastened to the druggist's, whose establishment was the largest in the neighborhood, and who was considered a reliable man; he acquainted him with the particulars of the case, and, of course, the druggist said he could not account for it. The Doctor told him, however, that he was confident a mistake had been made, and referred to the prescription book. Upon comparing the number of the box with that recorded on the book, the mistake was at once detected. The circumstances were as follows: The day previous he had been attending a patient, a powerful man, who was overcome by the heat whilst at his work. When he saw him he was perfectly unconscious, and with the usual well-marked symptoms of irritation of the brain attending those cases. After applying ice, and giving stimulants, etc., in order to obtain a decided and quick motion from the bowels, he ordered a cathartic, of which croton oil formed one of the principal ingredients.

Now for the sequel of the case: When the pill box was sent back to have the pills renewed, the pills containing the croton oil were sent instead of the simple tonic which the patient had been taking; and the only satisfaction which the apothecary gave was that it was his clerk who had committed the mistake, and that he did not deem himself responsible.

Before concluding, the Doctor wished to make a few remarks, which follow:

"There seems to be a singular misapprehension on the part of the profession as to the right of control over our prescriptions. For instance, some will say that the apothecary has the right of

property in them, others again contend that it is the patient, and in this crude and unpractical agitation of the subject an important question is lost sight of, viz: What are the rights of the physician in the premises? After carefully considering the subject, and seeking the aid of the best intelligence at my command, I have concluded that there is a little truth and a great deal of error in the general impression on the subject.

"I will say, in the first place, that the apothecary has no claim whatever to the physicians' prescriptions. That he is but the mere compounder of the medicines prescribed, and the custodian of the prescription. As to the patients, we know what a control the physician exercises over them; and when they know that we are actuated in this matter by a due regard for their interests, there are very few, if any, who would fail to comply with our directions; at all events, in the absence of any well authenticated judicial opinion against our right of control, it is a fair deduction that we have such."

The Doctor would further add, that in introducing these resolutions here, he did so out of deference to the opinion of several Fellows of the Academy; indeed, he might say, contrary to his own judgment, as he deemed it more properly within the sphere of the County Society. He would say, however, that he thought the Academy ought to consider it, as it is due to the action of the other Societies, that it should be considered here. No further action is required of the Academy, other than its endorsement and the transmission of these resolutions to the State Medical Society for its final action, for it is through the State Medical Society that any defect in the present law—if any such exist—will be corrected by the proper legislative interference.

Dr. O'SULLIVAN then submitted the following preamble and resolutions, which were adopted unanimously, and referred to the State Medical Society:

Whereas, The attention of this Academy has been called to the repetition of prescriptions, containing active ingredients, by druggists, without the written order of physicians; and *whereas*, serious consequences to patients are liable to ensue; therefore,

Resolved, That we respectfully request the druggists of this city not to repeat such a prescription without the written order of a physician, he being the only competent judge of the propriety or necessity of such renewal.

EDITORIAL DEPARTMENT.

Periscope.

Conium, Belladonna, and Hyoscyamus.

Dr. HARLEY, in the Gulstonian Lectures at the College of Physicians, considered "The Physiological Action and Therapeutic Uses of Conium, Belladonna and Hyoscyamus, alone and in combination with Opium."

The action of conium is confined to the motor centres, causing temporary depression of the functional activity of the corpora striata, the minor centres of motion, and the whole reflex functional activity of the spinal cord. Its action is in proportion to the motor activity rather than to the muscular strength; a restless child will take, without appreciable effect, a dose sufficient to paralyze an adult of indolent habits. The earliest indication of its effect is ptosis and dilated pupil. Its last effect is complete obliteration of all muscular movement derived from the cerebro-spinal motor tract. He considers that the powdered leaves, the ordinary extract and tincture made according to the British Pharmacopœia, are nearly worthless; the "succus" being the only preparation of value. The dose of this varies from $1\frac{1}{2}$ to 8 drachms, according to the activity of the patient. He considers it valuable in tetanus, chorea, epilepsy, spasmodic affections of the stomach and œsophagus and muscular tremor. The active principle was not found in the urine.

Belladonna and atropia in equivalent doses have the same action. Atropia acts the same, whether taken by the mouth or injected under the skin; only by the latter method its action is much more rapid. Atropia is eliminated by the kidneys; it was found in the urine eighteen minutes after the injection of one forty-eighth of a grain, and is entirely removed at the end of two or three hours. The effect of small doses of the alkaloid, or its salts, is to cause frequency of the pulse, transient giddiness, dryness of the mouth, dilatation of the pupil. Sometimes there is delirium. In two or three hours the effect passes off. Children are less susceptible than adults to its action. Caustic potash and soda decompose the alkaloid. Caustic ammonia and lime will at most only delay its action. Therapeutically, belladonna may be considered—1, as a diuretic; 2, as a means of increasing the oxidizing process within the body; 3, as a direct stimulant to the sympathetic nervous system.

It is peculiarly useful as a cardiac stimulant, in this respect surpassing all other medicines; but it must be used in doses sufficient only to produce this effect, and with not more than a slight dryness of the mouth. One hundredth of a grain of sulphate of atropia, given subcutaneously, is sufficient for this.

Hyoscyamus and the alkaloid hyosciamia are physiologically identical; their action is at first a slight increase in the frequency and power of the pulse, then a considerable diminution, accompanied by giddiness, sleepiness and dilatation of the pupil; in some cases, slight twitching, dryness of the mouth and air-passages, and delirium. Children are not very easily susceptible to its action. Dr. HARLEY places hyoscyamus between opium and belladonna; resembling opium in its somniferous properties, and belladonna in its action on the sympathetic system, as indicated by the pulse. Hyoscyamia appeared in the urine twenty-two minutes after the subcutaneous injection of one-fifteenth of a grain, and two hours and a half after, two drachms of the "succus" taken by the mouth.

Reviews and Book Notices.

NOTES ON BOOKS.

We wish to call attention to the beautiful "Sea-side Number" of the *American Naturalist*. It contains popular and instructive articles on common animals and plants of the sea-shore, and will form a most entertaining companion to all who visit the coast. The *Naturalist* is a well-edited magazine, and deserves support. It is published by the Peabody Academy of Science, Salem, Mass., 25 cts. per copy, \$3 per annum.

Proceedings of the State Medical Society of Kentucky. Meeting for re-organization April 1867, and the Thirteenth Annual Meeting, April, 1868. Cincinnati: ROBERT CLARKE & Co. 1868. 1 vol. 8vo., pp. 113.

Transactions of the Medical Society of the State of West Virginia, instituted April 10th, 1867, together with the Code of Ethics, Constitution, and By-Laws. Wheeling. 1868. 1 vol. 8vo.; pp. 80.

Constitution, By-Laws, Officers, Standing Committees and Members of the San Francisco Medical Society; also, the Code of Ethics adopted by the Society, and the Inaugural Address of the President. San Francisco. 1868. 8vo., pp. 36.

The first of these pamphlets at once attracts the eye by its handsome tinted paper and antique-faced type. Besides the Minutes of Pro-

ceedings it contains a number of well-prepared articles. The first is the address of the President, Dr. PORTER, on the general relations and duties of the medical profession to the public. Then follows the report of the committee appointed to memorialize the legislature for the enactment of a law to provide for the registration of all births, marriages and deaths in the State—a most praiseworthy move. The report of the committee on "Tuberculosis, its Inoculability and Transmissibility," gives a very thorough and unbiased review of all that has been done and said of importance on that grave question. Then follow reports on the epidemics of the State and on milk sickness, which will also be found to embody much useful matter. The volume closes with a letter from Paris, by Dr. L. P. YANDELL, Jr., delegate to the National Medical Congress, well worth perusal.

The call for the formation of the West Virginia State Medical Society was first sent out in February, 1867, signed by sixteen physicians. The necessity of some such organization in the interest not less of the public than the profession, was clearly and tersely set forth, and the objects and aims of the Society defined. It met with a response from a number of intelligent practitioners, and within less than a year the members had increased to the very respectable figure of sixty-eight, as we see from the list given in the present volume of Transactions. Dr. JOHN FRISSELL, of Wheeling, is the President, and we have from him, in this volume, a well-written address. On the whole we judge the Society is in a flourishing condition, and likely to prosper, as we sincerely hope it will.

The San Francisco Medical Society has been recently organized, and of about 300 doctors of all "schools", sexes, and colors, who are entered on the Directory of that city it counts forty members. From looking over the names we judge that it includes all the talent and most, if not all, the respectability of the profession there, and no doubt will exert an excellent influence. We are rejoiced to see that all these Societies give a proper prominence to the Code of Ethics laid down by the American Medical Association, which everywhere and at all times should be our guide.

The Use of Tobacco, and the Evils, Physical Mental, Moral, and Social, resulting therefrom. By JOHN H. GRISCOM, M.D. G. P. PUTNAM & SON, N. Y. 1868. 12mo., pp. 37.

This is an energetic counterblast against the general puffing and chewing propensities of the day. It has become fashionable among some

medical men to rather approve of the use of tobacco, or at least to wink at it, and ignore the serious evils it causes. Yet hardly a month passes that we do not see reports of the disastrous effects of its excessive use on mind and body, in some of our exchanges. We have, in fact, experienced these effects to a certain extent ourselves, and were obliged to abjure the weed, solely because of its disturbing influence on the cardiac functions. No unprejudiced mind will dispute its general evil influence, and though we do not endorse all our author's reasoning, nor suppose that it is invariably harmful, we do believe that its use is fraught with danger, and ought to be earnestly discountenanced as opposed to public hygiene and—cleanliness.

Lessons in Physical Diagnosis. By Alfred L. LOOMIS, M.D., Professor of the Institutes and Practice of Medicine in the Medical Department of the University of New York, etc. NEW YORK: ROBERT M. DEWITT. 1 vol., 8vo., cloth, pp. 158.

The author does not attempt anything new in the field of diagnosis; he only aims to sum up clearly and concisely, in a form handy for the student and practitioner, those rules for physical diagnosis now generally accepted by the best teachers. He includes the physical signs of pulmonary and cardiac diseases, and of the abnormal changes in the different abdominal organs (stomach, intestines, liver, spleen, etc.) The work is handsomely printed, and illustrated with twenty wood-cuts. The style is simple and perspicuous, and the writer judiciously avoids many of those over-refinements of diagnosis which render many such books of little value to the student. Undoubtedly Dr. LOOMIS' work will meet with a ready sale, as it gives just such information, and no more, on the matter of diagnosis as every physician must have.

Medical Examinations for Life Insurance. By ADAMS ALLEN, M.D., LL.D. Third edition. CHICAGO, CLARKE & Co. 1 vol., cloth, 8vo., pp. 143.

The increasing popularity of Life Insurance, and the influence that we may suppose will be exerted on public hygiene by the investment of such an enormous amount of capital, all staked on the prolongation of life, attach to such works as this a peculiar value at the present time. There is no doubt a criminal laxity on the part of many Examiners—we have seen many instances of it—which can only be explained by an ignorance of the responsibility their position involves, or else an ignorance of the proper way to make an examination. We hope that such

will buy and read Dr. ALLEN's book, as they will derive from it a large amount of useful information, and very full instructions in their duties.

Catalogue of Books in the Library of the Surgeon General's Office, Washington, D.C. Surgeon General's Office, June 12, 1868. 8vo., pp. 147.

We really had no idea what a valuable medical library was collected at Washington until we came to look over the pages of this catalogue. Not only are there all the recent contributions to our professional literature, but many old and rare works have been collected, such as rarely are seen even in the best private libraries, and which to the student of medical literature are of the highest value. There are in all about 7000 volumes. As a nucleus of medical information, and as affording a rich field for medical researches, we doubt not that, in time, this library will become of the greatest importance to our country at large. Those physicians who publish monographs and pamphlets would do well always to forward it a copy, as their labors will thus be secure against destruction, and always easy of access. We look upon its establishment as a most auspicious fact.

The Family Adviser and Guide to the Medicine Chest. A concise Handbook of Domestic Medicine. By a Physician. PHILADELPHIA: JOHN WYETH & BRO. 1868. 16mo., cloth, pp. 104.

This handbook is intended to accompany the medicine chests which Messrs. WYETH & BRO. are putting up for family and ship uses. It requires great discretion to advise a layman how to administer drugs, when to give, what to give, and when to withhold his hand, in short

"Was er thun und lassen muss."

But after examining the volume with much attention we think that, in this instance, the writer has hit the mark with great accuracy, and we have never seen a volume on Domestic Medicine—always a *bête noir* to us—which we could so conscientiously recommend to the public as this one.

EXCHANGES.

We are in the regular receipt of the following medical exchanges:

Atlanta (Ga.) Medical and Surgical Journal. Monthly.
Baltimore, Amer. Jour. Dental Science. Monthly.
Boston, Journal of Chemistry. Monthly.
Boston Medical and Surgical Journal. Weekly.
Buffalo Medical and Surgical Journal. Monthly.
Chicago Medical Examiner. Monthly.
Chicago Medical Journal. Fortnightly.
Cincinnati, Dental Register. Monthly.
Cincinnati Lancet and Observer. Monthly.
Cincinnati Medical Repository. Monthly.

Detroit Review of Medicine and Pharmacy. Monthly.
Galveston Medical Journal. Monthly.
Indianapolis, Ind., West. Jour. of Medicine. Monthly.
Keokuk, Iowa, Medical Journal. Quarterly.
Leavenworth, Kansas, Medical Herald. Monthly.
Montreal, Canada Medical Journal. Monthly.
Nashville, Tenn., Journal Med. and Surgery. Monthly.
N. Lebanon, N. Y., Journ. Materia Medica. Monthly.
New Orleans Journal of Medicine. Quarterly.
New York, Druggists' Circular and Chemical Gazette. Monthly.
New York, Journal of Applied Chemistry. Monthly.
New York Medical Gazette. Weekly.
New York Medical Journal. Monthly.
New York Medical Record. Fortnightly.
New York, Quarterly Journal of Psychological Medicine. Quarterly.
New York, Journal of Obstetrics and Diseases of Women, etc. Quarterly.
Philadelphia, American Journal of Medical Sciences. Quarterly.
Philadelphia, American Journal of Pharmacy. Bi-monthly.
Philadelphia, Dental Cosmos. Monthly.
Philadelphia, Medical News and Library. Monthly.
Richmond, Va., and Louisville, Ky., Medical Journal. Monthly.
Salem, Mass., American Naturalist. Monthly.
Salem, Oregon, Physio-Medical Journal. Monthly.
St. Louis, Humboldt Medical Archives. Monthly.
St. Louis Medical and Surgical Journal. Bi-monthly.
St. Louis Medical Reporter. Fortnightly.
San Francisco, California, Pacific Medical Journal. Monthly.
Utica, American Journal of Insanity. Quarterly.

FOREIGN.

Braithwaite's Retrospect. Half-Yearly. N. Y., Reprint.
Ranking's Abstract. Half-Yearly. Philad'a., Reprint.
London Lancet. New York, Reprint.
London Lancet. English weekly edition.
London, Medical Times and Gazette. Weekly.
London, British Medical Journal. Weekly.
London and Dublin, Med. Press and Circular. Weekly.
London, Pharmaceutical Journal.
London, British and Foreign Medico-Chirurgical Review. Quarterly.
London, Journal of Mental Science. Quarterly.
Edinburgh, Medical Journal. Quarterly.
Glasgow, Medical Journal. Monthly.
Dublin, Journal of Medical Science. Quarterly.
Archives Générales de Médecine.
Bulletin Général de Thérapeutique.
Gazette Hebdomadaire.
L'Evenement Médicale.
Berliner Klinische Wochenschrift.
Deutsche Klinik.
Wiener Medizinische Presse.
Wiener Medizinische Wochenschrift.
Archiv für Pathologische Anatomie.
Archiv der Heilkunde.
Deutsches Archiv für Klinische Medizin.
Vierteljahrsschrift für Praktische Heilkunde.
Annalen des Charité Krankenhauses, zu Berlin.
Der Irrenfreund.
Magazin der Thierheilkunde.
Der Militärarzt.
Bull. für Sanitäts-polizei.
Allgemeine Medicinische Central Zeitung.
Central Zeitung der Medicinischen Wissenschaften.
Journal für Kinderkrankheiten.
Allgemeine Militärärztliche Zeitung.
Revista Trimensual de Medicina y Cirurgica.

Medical and Surgical Reporter.

PHILADELPHIA, JULY 4, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

— **33** Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

— **34** To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

VOLUME NINETEENTH!

This is the initial number of the *nineteenth* volume of the MEDICAL and SURGICAL REPORTER in its weekly form. Of this number, more than TEN THOUSAND copies are printed. Our subscription list grows more steadily and rapidly than ever before, and we anticipate a still greater increase in the future. We shall look to the friends of an independent practical periodical medical literature to sustain us in the future, as they have done in the past.

NOW IS THE TIME FOR NEW SUBSCRIPTIONS!

MEDICAL TEACHING in PHILADELPHIA.

If we may believe our daily newspapers, the University of Pennsylvania is very poor—sadly in need of endowment funds. While this may be very true in respect to the other Departments in the University, we can scarcely believe that it can be so of the Medical Department, as its classes are quite sufficient to give its professors a very liberal support, besides providing well for incidental expenses—that is, on the present plan of supporting the institution.

It occurs to us, however, since the question of endowment has been started by the papers, whether an endowment of the Medical Department would not be desirable, and add to its efficiency and usefulness, enabling it to impart instruction to its large medical classes at a greatly reduced cost to the student, and with greater independence on the part of the professors.

But where should this endowment come from? The experience of the medical department of the University of Michigan shows the danger of a State endowment. That should be avoided, unless it can be had independent of state control. Private beneficence would seem to be the proper source from whence to procure an endowment. But the amount needed for a liberal endowment—from \$500,000 to \$750,000—is immense. A portion of this amount may be obtained from the present property and endowments of the University. But a large amount would still have to be raised. Now, suppose that the alumni of the Medical Department of the University should undertake to raise an endowment. Estimating the number of those living at 2500, each one would need to raise \$200 to create an endowment of \$500,000.

This plan is, to be sure, liable to the objection of being probably not feasible, yet, it is, after all, the only plan that we can conceive, of which would put the University or any other medical school on an entirely independent basis. A State endowment of half a million would be a very pleasant thing, until a gentle reminder of dependence should come from an assinine legislature, like that which lately visited the medical department of the University of Michigan, in the shape of a chair of some medical ism or pathy, established at the earnest demand of a portion of the sovereigns that rule the State.

There is probably no medical school in the country that has so strong a claim on the medical profession for an endowment as this. Is the idea that one might be obtained through the influence of its alumni wholly chimerical?

We are anxious to see both the medical schools of this city more closely allied with our principal hospitals, that they may enjoy greater facilities for clinical instruction. The University and the Pennsylvania Hospital being the oldest medical school and hospital, it would seem natural that they should be allied. Cannot space be found on or near the grounds of the Pennsylvania Hospital for new and improved college buildings for the Medical Department of the University? In the meantime, the departments of Arts, Law, etc.,

might seek quarters in some more rural part of the city.

The discussions in our daily newspapers on the subject of an endowment of the University, taken in connection with rumors that we have heard, that both the Medical Department of the University, and the Jefferson Medical College expect shortly to seek more eligible quarters, have led us to give expression to the above ideas, which, though they may seem utopian and impracticable to some, are, nevertheless, we believe, worthy of thought.

Notes and Comments.

The Half-Yearly Compendium.

The second number of the COMPENDIUM is in press, and will be ready about the middle of the month. A very large amount of excellent, practical material has been prepared for its pages from Foreign and American journals. Our January number gave abstracts from more articles from European journals, than did the republications of either *Ranking* or *Braithwaite*, for that month, and nearly as many articles as both of those journals put together. Our abstract of American Medical literature in that number was full, while those journals generally take very little notice of our medical literature. The forthcoming number of the COMPENDIUM will be printed with new type, and it is issued in an attractive, readable form.

American writers are as capable of preparing this popular kind of periodical literature as British writers are, while they are much better judges of the wants of the American reader. Our enterprise, for these reasons, has been remarkably well received; and we are encouraged to believe that it will command, as we shall try to make it deserve, the support of all the friends of progress in our profession.

Notice.

In an article on obscene and immoral publications in the REPORTER for April 11, we mentioned the title of two as the *New York Medical Journal*, and the *Herald of Health*. We really did not suppose that any of our readers would imagine that we referred to either of the well-known periodicals published under those titles in New York City. But as we have been told that certain acute minds have detected us in

a glaring falsehood in our statement, we deem it prudent to state that we did not refer to any publications issued by the firms of MOORHEAD, BOND & Co., or MILLER, WOOD & Co., but to certain disreputable namesakes published by some scoundrelly quack doctors as advertisements for their nefarious wares.

Physicians on Street Cars.

On turnpike and plankroads throughout the country, physicians are allowed to ride at reduced rates of toll, by paying a fixed sum quarterly. A similar privilege should be granted on city railroads. The tax upon their receipts is very heavy, under the present arrangements, and bears most unequally upon them, and especially on those members of the profession who can least bear it—the young and the poor, who cannot afford to keep a horse. We have seen it calculated that from 8 to 10 per cent. of a physician's collectible fees for out visits went toward payment of car fare. This is a question of interest in every city. Shall we not make a combined effort to obtain from the Boards of Presidents an equitable arrangement here? Let us hear from other medical journals and medical societies; let those physicians who are directors of passenger railways urge the matter.

Hydrophobia.

We find a statement in the *Newport Daily News* to the effect that some two or three weeks ago, Mr. FRANCIS H. TODD, a young man about 21 years old, of New Haven, Ct., was bitten by a strange dog in the leg. He at once obtained medical advice, and the wound apparently healed up. On Monday he fell into a sleepy stupor, which ended in setting him raving with hydrophobia, and he died on Tuesday in terrible agony.

We should be glad to hear further particulars of the case.

Curara.

M. DU CAZAL sums up, in an inaugural treatise, the existing knowledge of the origin, action, and therapeutic uses of curara (*L'Union Médicale*, Feb. 28th). Its origin is—unknown; its therapeutic uses—nil; its physiological action is, to annihilate the functions of motor nerves, leaving sensibility untouched. It produces polyuria and diabetes. In fourteen cases of tetanus, in which it has been tried, there are only three recoveries—very doubtful indeed as therapeutic successes.

Prizes.

A certain M. D'OURCHES has made over to the Parisian Académie de Médecine the sum of 25,000 francs, (\$5,000,) to be offered as prizes as follows: 20,000 francs for the discovery of a simple, sure, easily practicable method of determining the presence of death. It must be a method which can be used by uneducated persons at any time; 5,000 francs for a similar method for the same purpose, where neither electricity, galvanism, or any complicated process is used.

Lying-in Wards.

The Florence Nightingale lying-in ward in King's College Hospital, has been closed on account of the constantly increasing mortality. It was founded for the purpose of instructing duly qualified midwives to be employed in attending on the poor, under proper medical supervision. The most elaborate precautions had been taken by Dr. FARRE for the purpose. The long ward was only employed for convalescent patients. There were two separate delivery wards, which were used alternately for three weeks at a time, and in the interval the empty room was thoroughly cleansed and disinfected. Each patient had 3,200 feet of breathing air. All students engaged in dissecting, or in attending the surgical practice of the hospital, were prohibited from entering the ward. In spite of every care, the mortality had increased each year; the average mortality since the ward was opened having been 1 in 28.9 cases.

In a discussion on the subject in the London Obstetrical Society, Dr. BARNES observed that this tendency to repeat a fatal mistake was more the fault of the lay members of society than of medical men. He did not suppose that any physician in the room would now advocate the establishment of a lying-in ward in a general hospital. Dr. FARRE had never approved of it. He himself had strenuously resisted a proposition, at one time contemplated, to establish a similar ward in the new St. Thomas's Hospital. So deeply had the mortality of lying-in hospitals, even of those constructed with every care that modern research could devise, impressed many of the most eminent men in Paris, that the expediency of suppressing these hospitals and of substituting home midwifery was now admitted.

Dr. GRAILY HEWITT said that lying-in hospitals, as they had been organized up to the present time, were most undoubtedly objectionable. The secret of the successful treatment of lying-in cases was isolation. If the patients were isolated from each other by suitable means and in

suitable buildings, there was no reason why the mortality should be higher in a lying-in hospital than elsewhere; but in the existing hospitals these precautions had not been attended to.

Insane, Idiots and Inebriates.

We would call the attention of our readers to the facilities offered in Philadelphia and vicinity for the treatment of the insane, of idiots and of inebriates. The School for Feeble Minded Children, beautifully located at Media, a few miles from the city, is under good management, and has been the means of doing much good. Dr. ISAAC N. KERLIN is the superintendent. The Home for Inebriates, also located at Media, under the efficient charge of Dr. JOSEPH PARRISH, is an attractive and well conducted establishment. We have also for the treatment of the Insane, the Pennsylvania Hospital for the Insane, and the Friends' Asylum at Frankford, both well known public institutions, under the able management respectively of Drs. KIRKBRIDE and WORTHINGTON. Then we have an excellent private Hospital for the care of the Insane—Clifton Hall—where a few patients are taken into the family of Dr. GIVEN, a gentleman thoroughly qualified to superintend such an institution. Clifton Hall is beautifully located, with attractive surroundings, in Delaware county, about seven miles from the city. We would commend it to the notice of our readers.

Hygiene of Schools.

While in this country we devote more attention than perhaps any other nation to the cause of general education, we are less careful of the physical health and comfort than they are in Europe. We notice in a recent number of the *Berliner Klinische Wochenschrift*, (Ap. 9), a review of a little work by A. Herman, of Brunswick, on the Proper Construction of School Desks. Among other points, it recommends that the seats shall be run under the desk to the extent of two to two and a half inches, and the distance from the seat to the foot-board equal 2-7th of the height of the scholar. Such directions, though seeming excessively minute, are, in fact, of the highest importance to the health and efficiency of scholars.

[Readers of the REPORTER are invited to send to us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Answers to Correspondents."]

Correspondence.

DOMESTIC.

Aortic Anomaly.

EDITORS MED. AND SURG. REPORTER:

Most anatomical irregularities or deformities are usually of great interest to the lover of medicine and surgery, notwithstanding no practical benefit or physiological truth is developed by such records. This interest is intensified or diminished in proportion as the malformation is common or of rare occurrence. If no higher object is attained in reporting such cases, they serve to illustrate the resources of the economy in adapting its organs and their operations to such deformities, thereby maintaining the integrity and health of the body to a good old age.

The following case is not a startling one, yet one of rare occurrence, so far as my knowledge extends, and is a great departure from the normal condition of the ascending aorta. The case is one in which the arch of the aorta is formed above the clavicle and perceptible to the sight.

The lady upon whom this irregularity occurs is 78 years old; has been an active, energetic and industrious woman; small bones, thin flesh, but of great physical endurance. When a small girl she noticed a heavy throbbing on the side of the neck while taking excessive exercise, but the circumstance never attracted special attention. She does not think there has been any change in the character of the throbbing, or appearance of the neck during her long life, and hence we conclude the irregularity is congenital.

The heart is in its proper anatomical place, gives out healthy heart sounds, without any indications of cardiac or aortic aneurism.

The ascending aorta rises above the clavicle, nearly two inches to the right of the sternum, before it commences its curvature, and about the same distance above that bone, before the highest point of the curvature is attained. Before it rises above the clavicle, the vessel recedes from it, lies closely upon the neck, and as the arch forms, runs in a lateral and anterior direction until it disappears behind the left side of the sternum. The vessel lies so superficially, that its only covering is the sterno-cleido-mastoid and integuments, which are very thin, and may be readily grasped with the fingers around the entire curvature. The innominate is given off a short distance above the clavicle and can nearly be encircled with the fingers, certainly affording a fine oppor-

tunity for ligation. The left carotid and subclavian are given off as the aorta descends. The impulse of the heart is not very distinct, and the pulsations not so readily connected as at the radial artery. The aorta is continuously tense, or without any perceptible change from the diastole or systole of the heart, and so far as the strength of my fingers were exerted, admitted of but little compression, owing, as is well known, to arterial pressure.

H. P. AYRES, M. D.

Fort Wayne, Ind.

A Case of Addison's Disease.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

Jas. Dolan, Co. A, 20, U. S. Infantry, æt. 28. Born in Ireland; father and six brothers living; mother dead. Emigrated to America in 1861. Enlisted in the U. S. service in 1865. Occupation when enlisted dry-goods clerk.

Health excellent from childhood. In 1864, suffered from *dyspepsia*, which he ascribed to sedentary habits. Soon relieved by appropriate treatment, and enjoyed good health until May, 1867, when he was confined in hospital, at Baton Rouge, La., three weeks, by reason of remittent fever. In July he was again seized with the same complaint, and since that period up to the present time has been constantly on the sick report.

I first saw the case in March last, when I took charge of the Post Hospital, at Baton Rouge. The patient applied to me for relief from *dyspepsia*, which he said he had had for some time. He also remarked "that *he was very weak, and that he could not get his strength from anything the Doctor had given him.*" As I was questioning him further in regard to his symptoms, I noticed that his skin was of a brown color, and on inquiring the cause, he informed me "that it began to *grow dark* in 1865, and that a physician to whom he had applied diagnosed '*cyanosis.*'" (The patient is not aware of ever having taken nitrate of silver.) Feeling no discomfort from the affection, he thought no more about it.

Enough, however, was ascertained to satisfy me that this was a case which would bear careful investigation.

The skin truly presented a curious appearance. The upper extremities, scalp, chest, and shoulders were of a dusky-brown hue throughout. The chest and back bore numerous cicatrices resembling those made by a scarificator in front, and by a lash behind. No cicatrix was discolored, but each presented a strong contrast from the surrounding area of darkness. Approaching the

lower extremities this gradually faded, until it appeared lost altogether at the feet. Between the thighs the color was of a stronger shade. The buccal cavity was of cerulean hue. The skin had a peculiar, soft, sticky, clammy feel, almost cadaveric. The hair was atonic. Pulse about 60; very feeble and compressible. Resonance good, slightly emphysematous. Respiration not strong. Moist mucous râles were heard before and behind in both lungs.

Heart's sound heard loudest at apex. Area of dulness extended downward some two inches below normal. Accompanying systole at apex was a *bruit de scie*, which was observable, though with less distinctness over aortic and mitral valves. Posteriorly the ear could not with distinctness distinguish between the heart's two sounds.

No tenderness over kidneys or liver. Patient complained of constant uneasiness about the epigastrium, cold extremities, and heaviness after eating. Palpitation was experienced on any slight exertion. Spirits were much depressed. Occasional nausea and vertigo.

On admitting to hospital for treatment, it was ascertained that patient had a slight diarrhoea, which being of a painless character, had not previously been mentioned. Diagnosis: "Addison's Disease of the Supra Renal Capsules."

Treatment was mainly addressed to the organs of digestion, and such remedies administered as would most assist assimilation. Good results were obtained from the exhibition of *fel. bovinum*, combined with ginger. Sub. nitrate bismuth in full doses before eating. Particular attention was given to the pores by means of sponge baths, and frequent rubbing with a crash towel. Diet light and nutritious. The bowels were often torpid, and occasionally malarial complications would arise, which demanded appropriate treatment. Great care was taken, however, to choose such remedies as would least debilitate, and such as would be mostly in unison with the original plan of treatment.

June 5th. Patient has certainly not retrograded. The discolorations remain the same. The strength may have improved slightly. Spirits and appetite decidedly advances. Since March 31st there has been a succession of relapses, after a prospect of permanent improvement was gained. There is no hope of ultimately bettering the man's condition, but we hope to keep him at least where he is for a season.

CHANDLER B. BRAMAN, M. D.

Brighton, Massachusetts.

News and Miscellany.

Medical College Commencement.

CINCINNATI COLLEGE OF MEDICINE AND SURGERY.

The close of the twenty-fourth session of the Cincinnati College of Medicine and Surgery, was celebrated June 26th. Quite a large audience was present. After prayer by the Rev. C. FERGUSON, the Secretary of the College, Professor R. C. S. REED called upon the following young gentlemen to receive the degrees of M. D. from Rev. Dr. LILIENTHAL, President of the Board of Trustees: R. B. Elderdice, O. Broadbent, Mr. Dunlap, C. Viets, G. M. Tate, E. P. McMullen, J. Moore, A. A. Shoats, J. S. Ewan, J. Priest, D. N. McBride, Mr. Armstrong, and Mr. Hodges.

Dr. LILIENTHAL's remarks in conferring the degrees were very happy and felicitous. He referred to the high position of the medical profession, and then traced very briefly the relation between medicine and the arts and sciences, showing how closely all progress in the latter was connected with advances in the former.

The valedictory address to the graduating class, by Professor D. D. BRAMBLE, was listened to with earnest attention. The remarks of the Professor were very practical, and the store of good advice and valuable suggestion which they contained can hardly but be remembered by the young men during all their professional career.

The valedictory address from the class was to have been delivered by E. P. McMULLEN, but on account of his serious illness, it was necessarily omitted.

With a benediction by the Rev. Mr. FERGUSON, the audience was dismissed, and one of the most pleasant commencements of the college was ended.

The term which has just ended has been a very successful one. The class which has been in attendance on the course of lectures has been large; the number of graduates is also large. The prospects for the next term are very fine. The chair of obstetrics, which has been left vacant by the resignation of Professor BUCKNER, has been filled by the appointment of Dr. THOMAS CARROLL, who has been connected with the college during the last two sessions. A chair of Psychology and Diseases of the Mind has been established, and will doubtless meet the cordial approbation of the profession.

— Dr. LEWIS ROGERS, Dr. D. W. YANDELL, and Dr. POWELL, have resigned their professorships in the University of Louisville.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

DODGE-HATCH.—In South Royalton, June 22d, by Rev. D. W. Fox, Albert Dodge, M. D., and Miss Ada M. Hatch, both of Chelsea.

GUILL-PHILLIPS.—At the residence of Col. W. M. Watkins, by Rev. W. D. Harris, Dr. John H. Guill, of Green Hill, Tenn., and Miss Provie E. Phillips, of Dyenbourg, Tenn.

INHOFF-DALE.—In Carlisle, Pa., June 4th, by the Rev. John C. Bliss, Edward P. Inhoff and Lizzie G., eldest daughter of D. W. Dale, M. D., of Carlisle.

MATKIN-TAYLOR.—At Nokomis, Ill., at the residence of the bride's parents, June 3, by Rev. Mr. Rugan, Mr. John H. Matkin, and Cornelia, daughter of Dr. B. R. Taylor, late of Brooklyn, N. Y.

PIFFARD-STRONG.—In New York, June 17th, at St. George's Church, by the Rev. Stephen H. Tyng, D. D., Henry G. Piffard, M. D., and Helen H., daughter of the late Wm. E. Strong, Esq., all of that city.

REYNOLDS-KISSAM.—In New York, June 17th, by Rev. John Cotton Smith, D. D., David J. Reynolds and Lullie E., daughter of Dr. James B. Kissam.

DIED.

CARSON.—In this city, on the 23d ult., Mary H. Carson, wife of Joseph Carson, M. D., and daughter of the late Henry Hollingsworth.

DUREMUS.—In New York, suddenly, on Friday, the 26th ult., Aust n Flint, son of R. Ogden and Estelle E. Doremus, aged 2 years, 6 months, and 9 days.

LEAVITT.—In Trenton, N. J., on the 23d ult., Annie Leavitt, daughter of Dr. L. and M. B. Leavitt.

MACKAY.—June 20, at Stanwich, Conn., Mrs. Susan Mackay, wife of Dr. Hugh Mackay, aged 67 years.

OSBORN.—At Westfield, N. J., on Sunday, June 8th, Dr. Corra Osborn, aged 75 years.

When 19 years old he was graduated at a medical college in New York, and soon began the practice of medicine in Westfield, where he enjoyed a large share of public favor, as a physician, Christian, and a citizen.

SPRAGUE.—Drowned, at Richmond, V., June 24, while bathing, Frederick, son of Dr. C. A. L. Sprague, aged 18 years.

WEILER.—In Belleville, Pa., March 18th, Mrs. Sarah S. Weiler, wife of Dr. Elias Weiler, aged 48 years.

OBITUARY.

Dr. Thomas C. Brinsmade.

Dr. THOMAS C. BRINSMADE, of Troy, died of heart disease on the 22d ult., while attending a meeting in behalf of the Rensselaer Polytechnic Institute. Dr. BRINSMADE was born in New Hartford, Litchfield county, Conn., in 1803, and, after graduating at Yale College, went to Lansingburgh, where he remained until 1832, when he moved to Troy, and succeeded to the practice of Dr. ELISHA SHELDON. In 1848-9, he was elected President of the Rensselaer County Medical Society, and in 1857-8, successively Vice President and President of the State Medical Society. In 1866, he was chosen Vice-President of the American Medical Association, and in 1867, was appointed delegate to the International Medical Congress at Paris. He was in the act of reading his report when he was seized with a sudden faintness, and became unable to proceed. Immediately a messenger was dispatched for medical assistance, but ere Dr. CATLIN arrived, Dr. BRINSMADE had become unconscious, and all pulsation had ceased. He died without a struggle, and his body was borne home by four of the Troy police. The peculiar form of heart disease of which Dr. B. died, is that known as angina pectoris, of which he must have been a secret sufferer many years. The Medical Society of Rensselaer County met in the Common Council Chamber on Tuesday, to take appropriate action.

For many years we have been proud of the friendship of this excellent man, in whose death the medical pro-

fession has lost one of its most distinguished members. We trust that someone will prepare for our pages an adequate biographical sketch of the deceased. Dr. BRINSMADE was for many years a subscriber to the MEDICAL AND SURGICAL REPORTER, having first subscribed when it was published monthly at Burlington, N. J.

ANSWERS TO CORRESPONDENTS.

Dr. J. S., of O.—Prof. Gross' Eulogy on Dr. Mott has never been published.

Dr. J. M., of Ind.—Your communication will be attended to soon. It has unavoidably been laid over by the pressure of other matter.

Dr. J. M. McW.—The case you sent will appear shortly.

Dr. C. B., of Mass.—"What is the best instrument for transfusion of blood, and what is its cost? Is there any modification of hypodermic syringe for subcutaneous injection of guinine?" You will find a great variety of instruments described in the Trans. of the Pa. Med. Soc. for 1867, in Dr. Ullersperger's admirable essay on Transfusion. The best are simple silver canules; and syringe of Matthien. There is no special modification of the hypodermic syringe for using guinine.

Dr. H. S. T., of Pa.—"We know of no symptoms by which you can diagnose ulceration of fundus uteri. We advise you to try sponge dilators in the case."

Dr. W. H., of Pa.—The price of Tanner on Diseases of Children, is \$3.00.

Dr. H. W., of Ill.—"What would you think of the administration of protoxide of nitrogen in a case of hydrothorax, where one lung, the left, is compressed and useless, and the heart beating on the opposite side. Patient feeble; has hectic every evening; no sweats; some troublesome cough. The case one of chronic pleurisy, and the probability that the fluid is purulent or semi-purulent. And if given, which form would be the best, by inhalation or in water?" We should have no hesitation in administering it by inhalation in such a case. No death from its use has yet occurred, though there are not wanting those who say it is dangerous.

Dr. N. E. W., of Miss.—I would like to have your opinion relative to the treatment adopted by Wützer & Redfern Davis several years ago, for the radical cure of hernia? We have a good many cases throughout the country, and if the plan has proved a success or even warranted in its use, I would like to try it, and before doing so, would prefer to have the experience of those who have had opportunities of testing the matter thoroughly, and have seen the result of this plan of treatment." Wützer's operation is among the safest, and probably gives the best results.

Dr. T. C. L., of Pa.—In an obstetrical instrument case for \$15.00 you get forceps (Hodge's, Bethol's, or any other usual pattern), blunt hook, vectis, uterine sound, Smellie's scissors and forceps, and probe.

Dr. K. M. H., of Pa.—We have examined the powder you sent us, but confess our inability to determine its constituents. It appears largely organic. It would require a careful analysis to say precisely what it is.

Dr. T. G. C., of Mo.—We cannot tell you where you can get a copy of Dr. Ryan's Obstetrical Remembrancer, or Dr. Thos. Cooke's Manual of Obstetrics. You would most likely get them from Wood & Co., N. Y. There was a syllabus of the principles and practice of Midwifery published in Philadelphia, under the title, Obstetrical Catechism, by Dr. Warrington, some years ago, now out of print.

Dr. A. S., of Ill.—The urine you sent had an acid reaction, and was markedly albuminous. No tube casts or oil globules. Albuminuria therefore.

METEOROLOGY.

June.	15.	16.	17.	18.	19.	20.	21.
Wind.....	S.	S.W.	N.W.	N.E.	S.E.	S.W.	E.
Weather.....	Clear.	Clear.	Clear.	Clear.	Cl'dy.	Clear.	Cl'dy.
Depth Rain..			Sh'r. t. & l. 1-10				1-10
Thermometer.							
Minimum.....	56°	59°	60°	60°	62°	65°	68°
At 8, A. M.....	78	76	70	73	71	79	80
At 12, M.....	82	81	81	79	80	87	82
At 3, P. M.....	83	81	75	78	84	90	82
Mean.....	74.75	74.25	71.50	72.50	74.25	80.25	78.
Barometer.							
At 12, M.....	30.2	30.	30.	30.	29.9	29.8	29.9

Germantown, Pa.

B. J. LEBDOM.